

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
HISPANIC UNITY OF FLORIDA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
5840 JOHNSON STREET

City or town, state or province, country, and ZIP or foreign postal code
HOLLYWOOD, FL 33021

D Employer identification number
59-2230272

E Telephone number
(954) 964-8884

G Gross receipts \$ 7,837,496

F Name and address of principal officer
JOSIE BACALLAO
5840 JOHNSON STREET
HOLLYWOOD, FL 33021

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.HISPANICUNITY.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1982

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EMPOWERING IMMIGRANTS AND OTHERS TO BECOME SELF-SUFFICIENT, PRODUCTIVE AND CIVICALLY ENGAGED

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	253
6 Total number of volunteers (estimate if necessary)	250
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,439,544	7,453,016
9 Program service revenue (Part VIII, line 2g)	199,111	215,587
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229	4,465
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,621	124,371
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,776,505	7,797,439
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,448	72,596
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,847,520	4,164,468
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 31,113		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,327,672	1,486,883
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,190,640	5,723,947
19 Revenue less expenses Subtract line 18 from line 12	-414,135	2,073,492
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,240,960	5,453,963
21 Total liabilities (Part X, line 26)	1,111,443	1,267,467
22 Net assets or fund balances Subtract line 21 from line 20	2,129,517	4,186,496

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: ***** Date: 2019-07-10

JOSIE BACALLAO PRESIDENT/ CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2019-10-03

Check if self-employed PTIN: P00392081

Firm's name: ▶ CABALLERO FIERMAN LLERENA & GARCIA LLP Firm's EIN: ▶ 55-0912340

Firm's address: ▶ 4649 PONCE DE LEON BLVD STE 404 Phone no: (305) 662-7272
CORAL GABLES, FL 33146

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

OUR COUNTRY IS A BEACON OF FREEDOM AND OPPORTUNITY WE CONSIDER HISPANIC UNITY OF FLORIDA, INC (HUF) THE SOUTHERN OUTPOST OF ELLIS ISLAND WELCOMING NEWCOMERS TO OUR COUNTRY AND GUIDING THEM ON THEIR OFTEN DIFFICULT, BUT ALWAYS HOPEFUL, LIFE-LONG PROCESS OF LEARNING WHAT IT MEANS TO BE AN AMERICAN IS AT THE HEART OF OUR WORK HISPANIC UNITY OF FLORIDA WAS ORIGINALLY FOUNDED IN 1982 BY COMMUNITY LEADERS TO GUIDE THESE ASPIRING AMERICANS ON THEIR JOURNEY TO THEIR AMERICAN DREAM AND TO EASE THE ACCULTURATION PROCESS TODAY, HUF IS BROWARD COUNTY'S LARGEST 501(C) (3) DEDICATED TO THE IMMIGRANT POPULATION FOR 37 YEARS, THIS AGENCY HAS LEFT AN INDELIBLE MARK ON THE MORE THAN 430,000 INDIVIDUALS AND FAMILIES SERVED, AND CONTINUES TO DELIVER ON ITS MISSION OF EMPOWERING IMMIGRANTS AND OTHERS TO BECOME SELF-SUFFICIENT, PRODUCTIVE AND CIVICALLY ENGAGED WITH 12 PROGRAMS AND MORE THAN 30 SERVICES OFFERED IN 4 LANGUAGES, THIS AGENCY IS ABLE TO SERVE SOUTH FLORIDA'S DIVERSE COMMUNITY TWO-THIRDS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,334,956 including grants of \$ 72,596) (Revenue \$ 139,793)
See Additional Data

4b (Code) (Expenses \$ 2,197,729 including grants of \$) (Revenue \$ 100)
See Additional Data

4c (Code) (Expenses \$ 635,670 including grants of \$) (Revenue \$ 75,694)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,168,355

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	253			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a		No
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		No
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		No
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>					
			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply (Own website, Another's website, Upon request, Other (explain in Schedule O)); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (VIRGINIA CIELO-BASURTO COOCFO 5840 JOHNSON STREET HOLLYWOOD, FL 33021 (954) 964-8884).

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES TATELBAUM CHAIR	2 00	X		X				0	0	0
(2) LUCIA RODRIGUEZ CHAIR -ELECT	2 00	X		X				0	0	0
(3) EMMA PFISTER TREASURER	2 00	X		X				0	0	0
(4) CHRISTINA PARADOWSKI SECRETARY	2 00	X		X				0	0	0
(5) GUILLERMO GOMEZ PAST CHAIR	2 00	X		X				0	0	0
(6) ANGIE STONE DIRECTOR	2 00	X						0	0	0
(7) DANIEL SCHEVIS DIRECTOR	2 00	X						0	0	0
(8) GEORGE MIHAIU DIRECTOR	2 00	X						0	0	0
(9) CAROLINA CARDOZO DIRECTOR	2 00	X						0	0	0
(10) STEVE SAMPIER DIRECTOR	2 00	X						0	0	0
(11) DANIEL HERZ DIRECTOR	2 00	X						0	0	0
(12) DR ROLANDO GARCIA DIRECTOR	2 00	X						0	0	0
(13) MELIDA AKITI DIRECTOR	2 00	X						0	0	0
(14) HECTOR LIMA DIRECTOR	2 00	X						0	0	0
(15) JOHN GUERRERO DIRECTOR	2 00	X						0	0	0
(16) JOSIE BACALLAO PRESIDENT/ C	40 00			X				200,003	0	0
(17) LUIS F PINZON VP/DIR OF PR	40 00			X				147,874	0	0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants) and 1g (Noncash contributions).

Table for Program Service Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 2a-2f (Educational Services, Civic Engagement, Economic Development) and 2g Total.

Table for Other Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 3-12 (Investment income, Royalties, Rental income, Sales of assets, Fundraising events, Gaming activities, Sales of inventory, Miscellaneous Revenue, RENTAL INCOME, OTHER INCOME, Total revenue).

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	72,596	72,596		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	476,541	147,874	328,667	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	3,687,927	3,526,680	143,137	18,110
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	23,680		23,680	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	168,447	156,176	10,724	1,547
12 Advertising and promotion.	29,927	25,438		4,489
13 Office expenses.	253,988	242,447	7,908	3,633
14 Information technology.	61,173	58,177	1,658	1,338
15 Royalties.				
16 Occupancy.	317,756	313,786	3,205	765
17 Travel.	35,242	34,739	412	91
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	57,247	56,853		394
20 Interest.	8,293	8,273	5	15
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	127,813	124,898	2,399	516
23 Insurance.	39,144	38,733	294	117
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PROGRAM EXPENSES	345,569	345,569		
b EMPLOYEE EVENTS	18,604	16,116	2,390	98
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	5,723,947	5,168,355	524,479	31,113
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	1,086,923	1	1,769,353	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	617,144	3	2,113,257	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	54,195	9	55,278	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,767,013			
	b Less accumulated depreciation	1,354,131	1,464,107	10c	1,412,882
	11 Investments—publicly traded securities		11		
	12 Investments—other securities See Part IV, line 11		12		
	13 Investments—program-related See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11	18,591	15	103,193	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,240,960	16	5,453,963		
Liabilities	17 Accounts payable and accrued expenses	256,085	17	350,312	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	755,358	23	714,605	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	100,000	25	202,550	
	26 Total liabilities. Add lines 17 through 25	1,111,443	26	1,267,467	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	857,290	27	1,357,652	
	28 Temporarily restricted net assets	1,272,227	28	2,828,844	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	2,129,517	33	4,186,496		
34 Total liabilities and net assets/fund balances	3,240,960	34	5,453,963		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,797,439
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,723,947
3	Revenue less expenses Subtract line 2 from line 1	3	2,073,492
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,129,517
5	Net unrealized gains (losses) on investments	5	-16,513
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,186,496

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Software ID:**Software Version:****EIN:** 59-2230272**Name:** HISPANIC UNITY OF FLORIDA INC

Form 990 (2018)

Form 990, Part III, Line 4a:

LANGUAGE & EDUCATION OUR COMMITMENT TO ENSURE OUR CHILDREN ARE SUCCESSFUL AND OUR FAMILIES STRONG IS LINKED TO OUR ABILITY TO PREPARE THE WHOLE FAMILY THROUGH EDUCATION IN 2018, 2,780 CLIENTS RECEIVED EDUCATION SERVICES ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) - THE SCHOOL BOARD OF BROWARD COUNTY (SBBC) PROVIDED ENGLISH CLASSES TO OVER 857 STUDENTS CLASSES WERE CONDUCTED IN THE MORNING AND IN THE EVENING THE OBJECTIVE IS TO PROVIDE ENGLISH CLASSES MAINLY TO CLIENTS SEEKING EMPLOYMENT AND PURSUING HIGHER EDUCATION UNITY 4KIDS - DURING 2018, UNITY 4KIDS SERVED 38 FAMILIES, 39 CHILDREN AND 71 PARENTS THROUGH THE UNITY 4KIDS (U4K) PRESCHOOL PROGRAM, FAMILIES WERE TAUGHT PARENT AND CHILD INTERACTION STRATEGIES AS A WAY TO PROMOTE LANGUAGE LITERACY AND LANGUAGE DEVELOPMENT IN THEIR CHILDREN SPECIAL CHALLENGE THE MOST SIGNIFICANT CHALLENGE AT THE END OF 2018 WAS FOR HUF TO RECEIVE LOW RATINGS KINDERGARTEN ENTRY ASSESSMENT (KEA) ASSESSMENT KEA WAS DISCONNECTED FROM THE VPK ASSESSMENT SYSTEM WHILE BOTH TOOLS MEASURE LITERACY AND NUMERACY, THEY ARE NOT THE SAME THE FLORIDA ASSOCIATION FOR EDUCATION OF YOUNG CHILDREN (FLAEYC), THE CHILDREN'S MOVEMENT OF FLORIDA, AMONG OTHER ORGANIZATIONS INCLUDING HISPANIC UNITY SUBMITTED THE FOLLOWING REQUEST TO THE FLORIDA OFFICE OF EARLY LEARNING (OEL) -DEVELOP A PLAN TO IMPLEMENT THE GRADE LEVEL SUCCESS COMMITTEE'S RECOMMENDATIONS TO ENSURE A COORDINATED EARLY CHILDHOOD ASSESSMENT SYSTEM -DEVELOP A REALISTIC SCHEDULE AND TIMELINE FOR IMPLEMENTATION -DISCONTINUE PUBLISHING READINESS RATES BASED ON THE KEA SYSTEM AND USE THE RESULTS FROM THE KEA TO INFORM KINDERGARTEN INSTRUCTION TO AVOID HARMFUL AND UNINTENDED CONSEQUENCES FOR YOUNG CHILDREN THE OEL WILL NOT PENALIZE PROVIDERS FOR THE SCHOOL YEAR 2016-2017 AND 2017 -2018 UNITY 4KIDS STAFF STARTED PRACTICING THE ASSESSMENT WITH STUDENTS -UNITY 4KIDS CONTINUES TO BE (FOR THE FOURTH YEAR IN A ROW) A 5-STAR RATED SCHOOL FOR THE BROWARD COUNTY QUALITY RATING AND IMPROVEMENT SYSTEM FROM THE EARLY LEARNING COALITION AND CHILD CARE LICENSING HUF ALSO MAINTAINS ITS NECPA NATIONAL ACCREDITATION -U4K PRESCHOOL CONTINUES TO BE A FAMILY CENTRAL POSITIVE BEHAVIORAL SUPPORT PROGRAM (PBS) CERTIFIED SCHOOL A PBS PROVIDER, THE SCHOOL IS EQUIPPED TO UNDERSTAND CHILDREN'S EMOTIONS AND IMPLEMENT PROBLEM-SOLVING STRATEGIES TO ADDRESS CHALLENGING BEHAVIOR IN CHILDREN -IN OCTOBER, UNITY 4KIDS SUBMITTED THE FOOD PROGRAM APPLICATION WITH THE FLORIDA DEPARTMENT OF HEALTH-FOOD PROGRAM BUREAU THE APPLICATION WAS APPROVED IN DECEMBER THE FOOD PROGRAM WILL SERVE AS AN INCOME PROVIDING FINANCIAL SUPPORT OF APPROXIMATELY 5,000 ANNUALLY TO UNITY 4KIDS PRESCHOOL PROGRAM FAMILY STRENGTHENING PROGRAM (FSP) - DURING 2018, FSP SERVED 97 FAMILIES WHICH INCLUDED 143 CHILDREN AND 141 PARENTS/CAREGIVERS PARENTS BECAME AWARE OF THE IMPORTANCE OF REPLACING ABUSIVE BEHAVIORS WITH NURTURING BEHAVIORS AND PROMOTING HEALTHY PHYSICAL AND EMOTIONAL CHILD DEVELOPMENT AS A RESULT OF THE PROGRAM'S PREVIOUS OUTCOMES, FSP RECEIVED ITS FOURTH YEAR RENEWAL (10/2018 - 9/2019) WITH A HIGHER FUNDING ALLOCATION OF 236,450 TO SERVE A MINIMUM OF 101 UNDUPLICATED FAMILIES UNITY 4TEENS MIDDLE SCHOOLS - THE PROGRAM SERVED A TOTAL OF 829 UNDUPLICATED STUDENTS FROM APOLLO, ATTUCKS, MCNICOL AND OLSEN MIDDLE SCHOOLS THE PROGRAM PROVIDED ACADEMIC, STEAM EDUCATION, CAREER EXPLORATION OPPORTUNITIES, NUTRITION AND FITNESS EDUCATION, INTERACTIVE MULTIMEDIA LEARNING GAMES (FOCUSED ON CORE SKILLS IN MATHEMATICS AND LITERACY), ENRICHMENT ACTIVITIES AND CASE MANAGEMENT SERVICES THROUGHOUT THE YEAR U4T LAUNCHED THE TWO-GENERATION/2GEN APPROACH AT APOLLO MIDDLE SCHOOL - HUF'S SECOND PILOT OF 2GEN THE TWO-GENERATION APPROACH ASSISTS FAMILIES IN CONFRONTING ECONOMIC CHALLENGES AND EMPOWERING THEM TO EFFECTIVELY BREAK THE CYCLE OF POVERTY U4T ALSO ASSISTED THE ENTIRE FAMILY WITH DIFFERENT RESOURCES, INCLUDING DISASTER RELIEF, FINANCIAL PLANNING, PUBLIC BENEFITS APPLICATIONS, AS WELL AS, REFERRALS TO A NUMBER OF OTHER HUF PROGRAMS U4T ALSO CREATED A PARTNERSHIP WITH THE FAMILY NUTRITION PROGRAM FROM THE UNIVERSITY OF FLORIDA (UF) AND THE INSTITUTE OF FOOD AND AGRICULTURAL SCIENCES (IFAS) THAT ENCOURAGES ALL YOUTH TO MAKE HEALTHY FOOD CHOICES THE U4T MIDDLE SCHOOL PROGRAM WAS SUCCESSFUL IN CONTINUING TO ACHIEVE HIGH STUDENT IMPROVEMENT AND MEET CONTRACT REQUIREMENTS FOR THE 2017/18 PROGRAM YEAR -100% OF PARTICIPANTS DID NOT OBTAIN A NEW LAW VIOLATION -100% OF PARTICIPANTS DID NOT BECOME PREGNANT NOR CAUSE PREGNANCY -100% OF PARTICIPANTS DID NOT USE ALCOHOL AND/OR DRUGS -99% OF PARTICIPANTS WERE PROMOTED TO THE NEXT GRADE -100% OF PARTICIPANTS ATTENDED SCHOOL AND THE U4T PROGRAM REGULARLY -68% OF PARTICIPANTS DEMONSTRATED GAINS IN YOUTH DEVELOPMENT COMPETENCIES UNITY 4TEENS HIGH SCHOOLS - STUDENTS WERE INVOLVED IN A VARIETY OF ACADEMIC AND PERSONAL ENRICHMENT ACTIVITIES OFFERED AS PART OF THE AFTER SCHOOL PROGRAMS UNITY 4TEENS SERVED MORE THAN 700 STUDENTS AT MIRAMAR HIGH SCHOOL AND STRANAHAN HIGH SCHOOL COMBINED STUDENTS WERE EXPOSED TO SEVERAL COMPONENTS THAT TAUGHT THEM A VARIETY OF SKILLS TO ENHANCE THEIR KNOWLEDGE AND PREPARE THEM WITH TOOLS FOR LIFE BEYOND HIGH SCHOOL STUDENTS HAD AN OPTION TO LEARN FINANCIAL LITERACY SKILLS TO EVENTUALLY HELP THEM IN COLLEGE, A CAREER AND LIFE IN GENERAL JUNIORS AND SENIORS WHO REGISTERED AND ATTENDED THE COLLEGE AND CAREER READINESS (CCR) COMPONENT RECEIVED CONCENTRATED TRAINING AND SUPPORT WITH THEIR COLLEGE APPLICATIONS, BUILDING OF THEIR OWN PORTFOLIO, INTERVIEWING SKILLS AND RESUME WRITING STUDENTS WERE ALSO ASSISTED IN PREPARATION FOR TAKING THE AMERICAN COLLEGE TESTING (ACT) EXAM THE ACTIVITIES OFFERED DURING THIS TIME WERE DELIVERED VIA PROJECT-BASED LESSON PLANS DESIGNED BY EACH TEACHER THEY ARE DESIGNED TO ENGAGE AND EDUCATE STUDENTS AFTER THEIR REGULAR SCHOOL HOURS THE U4T HIGH SCHOOL PROGRAM WAS SUCCESSFUL IN CONTINUING TO ACHIEVE HIGH STUDENT IMPROVEMENT AND MEETING CONTRACT REQUIREMENTS FOR THE 2017/18 PROGRAM YEAR -82% OF PARTICIPANTS DECREASED EXTERNAL SUSPENSIONS -83% OF PARTICIPANTS DECREASED THEIR OF UNEXCUSED ABSENCES -84% OF PARTICIPANTS IMPROVED IN READING, MATH AND SCIENCE LASTLY, MIRAMAR HIGH SCHOOL HOSTED A 2018 NON-PARTISAN VOTER'S REGISTRATION INITIATIVE ON TUESDAY, JUNE 19, 2018 OTHER ACCOMPLISHMENTS -JIM MORAN'S 100TH BIRTHDAY GIFT - IN HONOR OF WHAT WOULD HAVE BEEN MR MORAN'S 100TH BIRTHDAY, JAN MORAN, CHAIRMAN AND PRESIDENT OF THE JIM MORAN FOUNDATION, ANNOUNCED GIFTS TO FOURTEEN NOT-FOR-PROFITS HUF RECEIVED A 1 MILLION DOLLAR GRANT IN SUPPORT OF ITS MISSION TO "EMPOWER IMMIGRANTS AND OTHERS TO BECOME SELF-SUFFICIENT, PRODUCTIVE AND CIVILICALLY ENGAGED" -HUF INVESTORS - SEVERAL FUNDERS MADE SIGNIFICANT INVESTMENTS IN HUF'S PROGRAMS THIS YEAR -THE JIM MORAN FOUNDATION - IN ADDITION TO THE 1M GIFT, THE JIM MORAN FOUNDATION MADE A NEW, THREE-YEAR, 1.05M COMMITMENT IN HUF AND CWF AND OUR EXPANDING TWO-GENERATION 2GEN APPROACH -CITI COMMUNITY PROGRESS MAKERS - HUF WAS ONE OF 40 ORGANIZATIONS SELECTED NATIONALLY TO PARTICIPATE IN TWO-YEAR GRANT AND CAPACITY BUILDING GRANT THE SELECTION CAME WITH A 500,000 DOLLAR GRANT AND TWO YEARS OF TECHNICAL SUPPORT AND EDUCATION FOR BOTH THE CEO AND SVP/STRATEGY & PROGRAMS -THE FREDERICK A DELUCA FOUNDATION - A NEW FOUNDATION SUPPORTING TWO OF HUF'S 2-GENERATION (2GEN) PILOTS -CIRCLE OF FRIENDS - HUF HAD A FULL YEAR OF THIS INDIVIDUAL GIVING PROGRAM IN 2018 WE HELD A THANK YOU EVENT IN THE SPRING AND A SECOND FUNDRAISER IN NOVEMBER 2018 TO RENEW MEMBERSHIPS AND ATTRACT NEW CIRCLE MEMBERS AS WELL -PEACE LOVE HUF - HUF LAUNCHED THIS CAMPAIGN WHICH AIMS TO GROW OUR GRASSROOTS AND CORPORATE FUNDING FOR THE CITIZENSHIP PROGRAM THE CAMPAIGN - WHICH WILL RUN THROUGH JUNE 2019 - FEATURES A 25K DOLLAR-FOR-DOLLAR MATCH, ONE-OF-A-KIND PEACE LOVE HUF HAT OR TEE DESIGNED BY NATIONALLY-ACCLAIMED, ALINA VILLASANTE OF PEACE LOVE WORLD FAME, AND PEER-TO-PEER GIVING SITES FOR CURRENT BOARD MEMBERS -OTHER NEW OR EXPANDED FUNDERS IN 2018 INCLUDED THIRD FEDERAL SAVINGS & LOAN (NEW HOUSING GRANT), NAC (CITIZENSHIP INNOVATION GRANT), UNIVISION (CASH AND IN-KIND) AND BBX CAPITAL FOUNDATION, AMONG OTHERS GRANT WRITING - IN 2018 HUF SUBMITTED 67 GRANT PROPOSALS AND EARNED A SUCCESS RATE OF 72% THAT 72% REPRESENTS THE NUMBER OF GRANTS WE SUBMITTED VS THE NUMBER OF GRANTS WE RECEIVED ADDITIONALLY, HUF EARNED A 52% SUCCESS RATE WITH NEW FUNDERS (27/14) -MIAMI-DADE EXPANSION - AN INVITATION BY THE OFFICE OF NEW AMERICANS OF MIAMI-DADE COUNTY AND SEED FUNDING FROM CITI IN 2017 LED HUF TO CREATE PARTNERSHIPS AND LAUNCH NINE NEW CITIZENSHIP CENTERS IN MIAMI-DADE COUNTY BY THE END OF 2018, HUF ALSO HAD SECURED A NEW OFFICE LOCATION IN MIAMI- DADE WE NOW HOUSE TWO PARALEGALS AND SUPPORT MORE THAN A DOZEN VOLUNTEERS -BROWARD EXPANSION - BROWARD COUNTY PUBLIC SCHOOLS INVITED HUF TO TAKE A LEAD ROLE IN THEIR CREATION OF THE GULFSTREAM EARLY LEARNING CENTER IN HALLANDALE IN 2018, HUF CREATED THE PLAN AND BEG

Form 990, Part III, Line 4b:

ECONOMIC MOBILITY & ENTREPRENEURSHIP CLOSING THE FINANCIAL GAP AMONG OUR CLIENTS IS ONE OF OUR AGENCY'S MAJOR FOCUS AREAS AND IN 2018, WE SERVED 11,738 INDIVIDUALS TO INCREASE THEIR KNOWLEDGE ABOUT FINANCIAL MATTERS AS WELL AS, PROVIDE RESOURCES AND CREATE NEW HABITS - SUCH AS BUDGETING AND SAVINGS - WHICH WILL ULTIMATELY HELP THEM ACHIEVE GREATER SELF-SUFFICIENCY AND GROW ASSETS BELOW IS A BREAKDOWN OF THE SERVICES AND NUMBER OF CLIENTS ASSISTED CENTER FOR WORKING FAMILIES (CWF)- DURING 2018, THE CWF PROGRAM ASSISTED A TOTAL OF 417 PARTICIPANTS WORKFORCE DEVELOPMENT -70% OF PARTICIPANTS ACQUIRED EMPLOYMENT OR A BETTER JOB (GOAL 60%) -77% RETAINED THEIR EMPLOYMENT FOR A MINIMUM OF THREE MONTHS (GOAL 35%) -EXPANSION OF BRIDGE PROGRAM TO INCLUDE PATIENT CARE TECHNICIAN (PCT) CAREER PATHWAYS -55% OF THE STUDENTS WHO WERE GRADUATED FROM THE CUSTOMER SERVICE AND SALES TRAINING HAVE ACQUIRED A NATIONAL CERTIFICATION -2 STUDENTS RECEIVED THE PCT CREDENTIAL IN DECEMBER 2018 INCOME SUPPORT 4,462 CLIENTS RECEIVED -ACCESS TO FOOD - COMPRANDO RICO Y SANO SERVED 2,800 PARTICIPANTS 1,804 SNAP APPLICATIONS WERE COMPLETED, IMPACTING MORE THAN 3,600 INDIVIDUALS WE CONDUCTED GROCERY TOURS, COOKING DEMONSTRATIONS, "CHARLAS" ON HEALTHY EATING AND NUTRITION CLASSES - ACCESS TO HEALTH - TE AYUDO SERVED A TOTAL OF 1,662 FAMILY MEMBERS -339 FAMILIES WERE DETERMINED ELIGIBLE FOR FREE OR LOW-COST HEALTHCARE, WHICH TRANSLATES TO 867 FAMILY MEMBERS WITH ACCESS TO HEALTH INSURANCE -56% ENROLLED IN ACA PLANS -42% ENROLLED IN MEDICAID PLANS -1% ENROLLED IN KIDCARE PLAN -WITH AN AVERAGE OF 9,864 IN ANNUAL TAX CREDITS PER HOUSEHOLD, THE 339 INDIVIDUALS WHO SIGNED UP FOR ACA RECEIVED MORE THAN 1.8 MILLION DOLLARS IN HEALTH CARE PREMIUM SAVINGS PER YEAR -272 FAMILIES OR 84% ESTABLISHED A PRIMARY CARE DOCTOR OF THEIR CHOICE AFTER RECEIVING CASE MANAGEMENT SERVICES FROM HUF HEALTH NAVIGATORS VOLUNTEER INCOME TAX ASSISTANCE (VITA) - DURING THE 2018 TAX SEASON, MORE THAN 80 VOLUNTEERS AND 35 VITA STAFF COMPLETED 6,011 TAX RETURNS RESULTING IN 6.3 MILLION IN TAX REFUNDS, AS WELL AS 1.5 MILLION IN SAVINGS IN TAX PREPARATION FEES, A BIG TOTAL OF 7.8 MILLION IN ECONOMIC IMPACT IN BROWARD COUNTY THE BROWARD VITA COALITION'S COMBINED E-FILE ACCEPTANCE RATE CONTINUED AT 98%, WHICH EXCEEDED THE GOAL BY 8% (GOAL 90%) FOR ALL TAX RETURNS TRANSMITTED TO THE IRS -HUF AND COMMUNITY ACCESS CENTER (CAC) (SERVING THE HAITIAN COMMUNITY) CONTINUED A VERY SUCCESSFUL PARTNERSHIP AS THE TWO VITA PROVIDERS WITH THE BROWARD VITA COALITION (BVC) DELIVERING TAX SERVICES - THROUGH A PARTNERSHIP NETWORK OF 40+ PARTNERS - AT 16 VITA SITE LOCATIONS ACROSS BROWARD COUNTY AS WELL AS 25+ MOBILE SITES -VITA VOLUNTEERS CONTRIBUTED A TOTAL OF 3,237 HOURS DURING THE TAX SEASON -THE VITA PROGRAM SUCCESSFULLY CONTINUED SERVING THE PROGRAM'S SECONDARY FOCUS, SPECIFICALLY, PROVIDING SERVICES TO LIMITED ENGLISH SPEAKERS WE ACCOMPLISHED THIS GOAL THROUGH OUR EXPERIENCED, MULTICULTURAL STAFF AND VOLUNTEER FORCE IN 5 LANGUAGES (ENGLISH, SPANISH, CREOLE, PORTUGUESE AND AMERICAN SIGN LANGUAGE) 49 ELECTED OFFICIALS FROM 14 CITIES PLUS BROWARD COUNTY BECAME VITA CHAMPIONS THEY PROMOTED THE VITA PROGRAM TO RESIDENTS IN THEIR RESPECTIVE COMMUNITIES (PUBLIC POLICY & ADVOCACY) -THE AVERAGE ADJUSTED GROSS INCOME (AGI) ACROSS THE PROGRAM WAS 20,829 THE PROGRAM SUCCESSFULLY SERVED ITS TARGET OF LOW INCOME FAMILIES -ACCORDING TO THE TAXSLAYER REPORT (6/4/2018) AND IRS SITE DATABASE, THIS YEAR, THE BVC IS THE LARGEST VITA PROVIDER IN BROWARD COUNTY THE TOTAL TAX REFUND AMOUNT FOR BROWARD COUNTY IN 2018 WAS 8,861,701 (OUR 40 PARTNER COALITION GENERATED 6.3M OR 70% OF TOTAL COUNTY IMPACT) -BVC SITES 6,206,276(16 SITES) - 70% OF TOTAL REFUND AMOUNT) -IRCS SITES 1,094,019(9 SITES) - 12% OF TOTAL REFUND AMOUNT) -AARP SITES 1,561,406(11 SITES) - 18% OF TOTAL REFUND AMOUNT) DISASTER CASE MANAGEMENT (DCM) - DCM IS A PROGRAM THAT INVOLVES A DISASTER CASE MANAGER AND A DISASTER SURVIVOR TO DEVELOP AND CARRY OUT A DISASTER RECOVERY PLAN THEY ASSESS A CLIENT'S VERIFIED DISASTER-CAUSED UNMET NEED AND DEVELOP A GOAL-ORIENTED PLAN THAT OUTLINES STEPS TO RECOVERY THE PROGRAM SERVED 135 PARTICIPANTS FROM THE LAUNCH OF THE PROGRAM IN JUNE 2018 THROUGH APRIL 18TH, 2019 THE FOLLOWING IMPACT HAS BEEN MADE -26 HOUSEHOLDS HAVE BEEN APPROVED FOR THE BASIC NEEDS ASSISTANCE OF 2,000 FOR A TOTAL OF 52,000 -50 HOUSEHOLDS HAVE BEEN APPROVED FOR THE COMPLEX NEEDS ASSISTANCE OF 4,500 FOR A TOTAL OF 225,000 -GRAND TOTAL ECONOMIC/FINANCIAL IMPACT OF 277,000 BACK TO ELIGIBLE INDIVIDUALS AND HOUSEHOLDS IN BROWARD COUNTY FINANCIAL CAPABILITY AND WEALTH BUILDING - 802 PARTICIPANTS RECEIVED SERVICES -CWF - A TOTAL OF 288 PARTICIPANTS ATTENDED THE FINANCIAL LITERACY WORKSHOPS WHERE THEY LEARNED SKILLS TO ACHIEVE FINANCIAL GOALS AND IMPROVE THEIR FINANCIAL LIVES 244 PARTICIPANTS ATTENDED A FINANCIAL COACHING APPOINTMENT WHERE THEY DEVELOPED FINANCIAL PLANS, PULLED CREDIT REPORTS, AND LEARNED HOW TO MAKE THE RIGHT CHOICE WHEN CHOOSING BANKING PRODUCTS, ACCEPTING A CREDIT CARD OFFER AND/OR BUYING ASSETS -CITIZENSHIP AND LOAN PRODUCTS PROGRAM - DURING THE INTEGRATION OF THE CITIZENSHIP AND THE FINANCIAL CAPABILITY PROGRAMS IN MIAMI, FINCAP PROVIDED FINANCIAL LITERACY CLASSES TO 320 PARTICIPANTS OUT OF THAT NUMBER, 166 CLIENTS MADE APPOINTMENTS WITH THE FINANCIAL COACH TO DEVELOP FINANCIAL ACTION PLANS, PULL CREDIT REPORTS, AND TO LEARN HOW TO MAKE THE RIGHT CHOICE WHEN CHOOSING LOAN PRODUCTS TO PAY FOR THEIR CITIZENSHIP APPLICATION -THE NEIGHBORWORKS PROJECT REINVESTMENT - FINCAP (UNIDOSUS) - THE HOUSING TEAM PROVIDED FINANCIAL COUNSELING/COACHING TO 71 CLIENTS IN A ONE-ON-ONE SETTING -PATHWAYS TO HOMEOWNERSHIP - DURING 2018, 123 CLIENTS ATTENDED THE 8-HOUR FIRST TIME HOMEBUYERS SEMINAR HOUSING COUNSELORS ASSISTED A TOTAL OF 29 CLIENTS TO CREATE ACTION PLANS TO BECOME LOAN READY 1 PARTICIPANT IN THE PROGRAM WAS ABLE TO PURCHASE A HOUSE EMERGING ENTREPRENEURS (EE) PROGRAM - LAST YEAR, THE EE PROGRAM PROVIDED 37 WORKSHOPS TO OVER 713 ENTREPRENEURS AND SMALL BUSINESS OWNERS IN TWO COUNTIES BROWARD (HUF AND SOUTH REGIONAL LIBRARY) AND MIAMI DADE (ANA G MENDEZ UNIVERSITY SYSTEM) -BROWARD COUNTY THE PROGRAM PROVIDED 29 WORKSHOPS TO 465 ASPIRING & EXISTING SMALL BUSINESS OWNERS -MIAMI DADE THE PROGRAM PROVIDED 8 WORKSHOPS TO 248 ASPIRING & EXISTING SMALL BUSINESS OWNERS

Form 990, Part III, Line 4c:

CITIZENSHIP, CIVIC ENGAGEMENT & EQUAL TREATMENT/OPPORTUNITY SOUTH FLORIDA IS HOME TO THE 3RD LARGEST NUMBER OF LEGAL PERMANENT RESIDENTS (GREEN CARD HOLDERS) IN THE NATION WHO ARE READY TO BECOME U S CITIZENS IN 2018, HUF SERVED 8,839 CLIENTS IN THEIR GOAL OF REALIZING THIS DREAM CITIZENSHIP AND IMMIGRATION -BROWARD COUNTY - A NEW CLASS WAS STARTED AT THE WESTON LIBRARY IN JANUARY 2018 THIS CLASS HAS BEEN A SUCCESS WITH AN AVERAGE CLASS ATTENDANCE OF 16 STUDENTS PER CLASS -CLASSES WERE CONDUCTED AT 13 SITES (WITH SUPPORT FROM 17 VOLUNTEERS) 4,150 LPR'S WERE SERVED AND 800 LPR'S RECEIVED ASSISTANCE WITH THE NATURALIZATION APPLICATION FORM (N-400) -122 LPR'S RECEIVED ASSISTANCE WITH THE FEE WAIVER (FULL I-912 AND REDUCE I-942), WHICH SAVED THEM 81,160 IN APPLICATION FEES -IN ADDITION, 150 INDIVIDUALS RECEIVED OTHER IMMIGRATION SERVICES -MIAMI-DADE COUNTY - IN 2018, HUF CONDUCTED CLASSES AT 8 SITES (WITH SUPPORT FROM 12 VOLUNTEERS), SERVED 3,642 LPR'S AND 97 LPR'S RECEIVED ASSISTANCE WITH THE NATURALIZATION APPLICATION FORM (N-400) VOTER REGISTRATION - HUF HELPED 100 CITIZENS TO REGISTER TO VOTE IN 2018 LEGAL SERVICES - IN A PARTNERSHIP WITH HUF, LEGAL AID SERVICE OF BROWARD COUNTY HAS BEEN PROVIDING FREE CIVIL LEGAL SERVICES TO LOW INCOME RESIDENTS OF BROWARD COUNTY IN THE AGENCY'S MAIN OFFICE EVERY WEEK, A REPRESENTATIVE LOCATED AT HISPANIC UNITY'S HOLLYWOOD OFFICE PROVIDES ASSISTANCE IN THE AREAS OF HOUSING (TENANT ISSUES, EVICTIONS), DIVORCE WITH DOMESTIC VIOLENCE, DENIAL OF UNEMPLOYMENT BENEFITS, DENIAL OF DISABILITY BENEFITS, AND DENIAL OF SOCIAL SECURITY BENEFITS 69 CLIENTS RECEIVED LEGAL SERVICES IN 2018 IMMIGRATION CLINICS - IN PARTNERSHIP WITH AMERICANS FOR IMMIGRANT JUSTICE, CATHOLIC CHARITIES LEGAL SERVICE AND LEGAL AID SERVICE OF BROWARD, HUF HOSTED FOUR IMMIGRATION CLINICS IN BROWARD COUNTY IN 2018 HUF IS THE PRIMARY MARKETER OF THE EVENT AND ALSO PROVIDES SUSTENANCE TO THE VOLUNTEERS JOINING THE VOLUNTEER RANKS IN 2018 WERE HUF BOARD MEMBERS, CAROLINA CARDOZO AND EMMA PFISTER IN TOTAL, MORE THAN 145 CLIENTS RECEIVED FREE LEGAL SERVICES AND THOSE WITH POSSIBLE IMMIGRATION RELIEF WERE ASSIGNED A PRO BONO ATTORNEY TO ASSIST THEM WITH THEIR CASE CLINICS TOOK PLACE AT NOVA SOUTHEASTERN UNIVERSITY'S SHEPARD BROAD COLLEGE OF LAW (FEBRUARY 2018), HUF (JUNE AND NOVEMBER 2018), AND ETHEL M GORDON OAKLAND PARK LIBRARY (APRIL 2018) (PUBLIC POLICY & ADVOCACY)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HISPANIC UNITY OF FLORIDA INC

Employer identification number

59-2230272

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	3,553,014	3,470,471	4,587,004	4,439,544	7,453,016	23,503,049
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,553,014	3,470,471	4,587,004	4,439,544	7,453,016	23,503,049
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						23,503,049

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3,553,014	3,470,471	4,587,004	4,439,544	7,453,016	23,503,049
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	996	48	197	229	4,465	5,935
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,890	109,545	327,324	78,493	71,428	594,680
11	Total support. Add lines 7 through 10						24,103,664
12	Gross receipts from related activities, etc. (see instructions)					12	915,926

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	97.510 %
15	Public support percentage for 2017 (Schedule A, Part II, line 14)	15	96.790 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	SPECIAL EVENTS 176,013 MISCELLANEOUS INCOME 418,667

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
HISPANIC UNITY OF FLORIDA INC

Employer identification number
59-2230272

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		458,106		458,106
b Buildings		1,921,388	1,091,824	829,564
c Leasehold improvements				
d Equipment		290,250	197,069	93,181
e Other		97,269	65,238	32,031
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,412,882

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LINE OF CREDIT	202,550
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	202,550

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,805,755
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-16,513
b	Donated services and use of facilities	2b	24,829
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	8,316
3	Subtract line 2e from line 1	3	7,797,439
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	7,797,439

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,748,776
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	24,829
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	24,829
3	Subtract line 2e from line 1	3	5,723,947
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,723,947

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-2230272

Name: HISPANIC UNITY OF FLORIDA INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE- LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES THE ORGANIZATION HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2018

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury
Internal Revenue Service

Name of the organization
HISPANIC UNITY OF FLORIDA INC

Employer identification number
59-2230272

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		ENTREPRENEURIAL (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	93,000			93,000
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	93,000			93,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	40,057			40,057
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				40,057
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				52,943

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HISPANIC UNITY OF FLORIDA INC

Employer identification number

59-2230272

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HOUSING,FOOD,CLOTHES,TRAN	179	72,596			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HISPANIC UNITY OF FLORIDA INC

Employer identification number
59-2230272

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HISPANIC UNITY OF FLORIDA INC

Employer identification number
59-2230272

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	3	32,034	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
HISPANIC UNITY OF FLORIDA INC

Employer identification number

59-2230272

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>OUR COUNTRY IS A BEACON OF FREEDOM AND OPPORTUNITY WE CONSIDER HISPANIC UNITY OF FLORIDA, INC (HUF) THE SOUTHERN OUTPOST OF ELLIS ISLAND WELCOMING NEWCOMERS TO OUR COUNTRY AND GUIDING THEM ON THEIR OFTEN DIFFICULT, BUT ALWAYS HOPEFUL, LIFE-LONG PROCESS OF LEARNING WHAT IT MEANS TO BE AN AMERICAN IS AT THE HEART OF OUR WORK HISPANIC UNITY OF FLORIDA WAS ORIGINALLY FOUNDED IN 1982 BY COMMUNITY LEADERS TO GUIDE THESE ASPIRING AMERICANS ON THEIR JOURNEY TO THEIR AMERICAN DREAM AND TO EASE THE ACCULTURATION PROCESS TODAY, HUF IS BROWARD COUNTY'S LARGEST 501(C) (3) DEDICATED TO THE IMMIGRANT POPULATION FOR 37 YEARS, THIS AGENCY HAS LEFT AN INDELIBLE MARK ON THE MORE THAN 430,000 INDIVIDUALS AND FAMILIES SERVED, AND CONTINUES TO DELIVER ON ITS MISSION OF EMPOWERING IMMIGRANTS AND OTHERS TO BECOME SELF-SUFFICIENT, PRODUCTIVE AND CIVICALLY ENGAGED WITH 12 PROGRAMS AND MORE THAN 30 SERVICES OFFERED IN 4 LANGUAGES, THIS AGENCY IS ABLE TO SERVE SOUTH FLORIDA'S DIVERSE COMMUNITY TWO-THIRDS OF HUF'S CLIENTS HAIL FROM LATIN NATIONS AND THE CARIBBEAN, COMPLEMENTED BY AMERICAN-BORN CLIENTS INCLUDING AFRICAN-AMERICANS, CAUCASIANS AND OTHERS IN 2018, THE AGENCY SERVED MORE THAN 15,000 CHILDREN AND FAMILIES HUF OFFERS ASSISTANCE AT THREE MAIN OFFICE LOCATIONS AND PROVIDES EXTENDED SERVICES AT 50+ OUTREACH LOCATIONS THE AGENCY FOCUSED ON THREE MAJOR AREAS LANGUAGE & EDUCATION, ECONOMIC MOBILITY & ENTREPRENEURSHIP, AND CITIZENSHIP & CIVIC ENGAGEMENT AND ALSO PROVIDED SERVICES IN THE AREAS OF HEALTH & WELL BEING, EQUAL TREATMENT & OPPORTUNITY AND ADVOCACY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>LANGUAGE & EDUCATION OUR COMMITMENT TO ENSURE OUR CHILDREN ARE SUCCESSFUL AND OUR FAMILIE S STRONG IS LINKED TO OUR ABILITY TO PREPARE THE WHOLE FAMILY THROUGH EDUCATION IN 2018, 2,780 CLIENTS RECEIVED EDUCATION SERVICES ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) - THE SCHOOL BOARD OF BROWARD COUNTY (SBBC) PROVIDED ENGLISH CLASSES TO OVER 857 STUDENTS CLASSES WERE CONDUCTED IN THE MORNING AND IN THE EVENING THE OBJECTIVE IS TO PROVIDE ENG LISH CLASSES MAINLY TO CLIENTS SEEKING EMPLOYMENT AND PURSUING HIGHER EDUCATION UNITY 4KI DS - DURING 2018, UNITY 4KIDS SERVED 38 FAMILIES, 39 CHILDREN AND 71 PARENTS THROUGH THE UNITY 4KIDS (U4K) PRESCHOOL PROGRAM, FAMILIES WERE TAUGHT PARENT AND CHILD INTERACTION STR ATEGIES AS A WAY TO PROMOTE LANGUAGE LITERACY AND LANGUAGE DEVELOPMENT IN THEIR CHILDREN SPECIAL CHALLENGE THE MOST SIGNIFICANT CHALLENGE AT THE END OF 2018 WAS FOR HUF TO RECEIV E LOW RATINGS KINDERGARTEN ENTRY ASSESSMENT (KEA) ASSESSMENT KEA WAS DISCONNECTED FROM TH E VPK ASSESSMENT SYSTEM WHILE BOTH TOOLS MEASURE LITERACY AND NUMERACY, THEY ARE NOT THE SAME THE FLORIDA ASSOCIATION FOR EDUCATION OF YOUNG CHILDREN (FLAEYC), THE CHILDREN'S MOV EMENT OF FLORIDA, AMONG OTHER ORGANIZATIONS INCLUDING HISPANIC UNITY SUBMITTED THE FOLLOWI NG REQUEST TO THE THE FLORIDA OFFICE OF EARLY LEARNING (OEL) -DEVELOP A PLAN TO IMPLEMENT THE GRADE LEVEL SUCCESS COMMITTEE'S RECOMMENDATIONS TO ENSURE A COORDINATED EARLY CHILDO OD ASSESSMENT SYSTEM -DEVELOP A REALISTIC SCHEDULE AND TIMELINE FOR IMPLEMENTATION -DISC ONTINUE PUBLISHING READINESS RATES BASED ON THE KEA SYSTEM AND USE THE RESULTS FROM THE KE A TO INFORM KINDERGARTEN INSTRUCTION TO AVOID HARMFUL AND UNINTENDED CONSEQUENCES FOR YOUN G CHILDREN THE OEL WILL NOT PENALIZE PROVIDERS FOR THE SCHOOL YEAR 2016-2017 AND 2017 -20 18 UNITY 4KIDS STAFF STARTED PRACTICING THE ASSESSMENT WITH STUDENTS -UNITY 4KIDS CONTIN UES TO BE (FOR THE FOURTH YEAR IN A ROW) A 5-STAR RATED SCHOOL FOR THE BROWARD COUNTY QUAL ITY RATING AND IMPROVEMENT SYSTEM FROM THE EARLY LEARNING COALITION AND CHILD CARE LICENSI NG HUF ALSO MAINTAINS ITS NECPA NATIONAL ACCREDITATION -U4K PRESCHOOL CONTINUES TO BE A FAMILY CENTRAL POSITIVE BEHAVIORAL SUPPORT PROGRAM (PBS) CERTIFIED SCHOOL A PBS PROVIDER, THE SCHOOL IS EQUIPPED TO UNDERSTAND CHILDREN'S EMOTIONS AND IMPLEMENT PROBLEM-SOLVING ST RATEGIES TO ADDRESS CHALLENGING BEHAVIOR IN CHILDREN -IN OCTOBER, UNITY 4KIDS SUBMITTED T HE FOOD PROGRAM APPLICATION WITH THE FLORIDA DEPARTMENT OF HEALTH-FOOD PROGRAM BUREAU THE APPLICATION WAS APPROVED IN DECEMBER THE FOOD PROGRAM WILL SERVE AS AN INCOME PROVIDING FINANCIAL SUPPORT OF APPROXIMATELY 5,000 ANNUALLY TO UNITY 4KIDS PRESCHOOL PROGRAM FAMILY STRENGTHENING PROGRAM (FSP) - DURING 2018, FSP SERVED 97 FAMILIES WHICH INCLUDED 143 CHIL DREN AND 141 PARENTS/CAREGIVERS PARENTS BECAME AWARE OF THE IMPORTANCE OF REPLACING ABUSI VE BEHAVIORS WITH NURTURING BEHAVIORS AND PROMOTING HEALTHY PHYSICAL AND EMOTIONAL CHIL D DEVELOPMENT AS A RESULT OF THE</p>

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FORM 990, PAGE 2, PART III, LINE 4A	<p>PROGRAM'S PREVIOUS OUTCOMES, FSP RECEIVED ITS FOURTH YEAR RENEWAL (10/2018 - 9/2019) WITH A HIGHER FUNDING ALLOCATION OF 236,450 TO SERVE A MINIMUM OF 101 UNDUPLICATED FAMILIES UNITY 4TEENS MIDDLE SCHOOLS - THE PROGRAM SERVED A TOTAL OF 829 UNDUPLICATED STUDENTS FROM APOLLO, ATTUCKS, MCNICOL AND OLSEN MIDDLE SCHOOLS THE PROGRAM PROVIDED ACADEMIC, STEAM EDUCATION, CAREER EXPLORATION OPPORTUNITIES, NUTRITION AND FITNESS EDUCATION, INTERACTIVE MULTIMEDIA LEARNING GAMES (FOCUSED ON CORE SKILLS IN MATHEMATICS AND LITERACY), ENRICHMENT ACTIVITIES AND CASE MANAGEMENT SERVICES THROUGHOUT THE YEAR U4T LAUNCHED THE TWO-GENERATION/2GEN APPROACH AT APOLLO MIDDLE SCHOOL - HUF'S SECOND PILOT OF 2GEN THE TWO-GENERATION APPROACH ASSISTS FAMILIES IN CONFRONTING ECONOMIC CHALLENGES AND EMPOWERING THEM TO EFFECTIVELY BREAK THE CYCLE OF POVERTY U4T ALSO ASSISTED THE ENTIRE FAMILY WITH DIFFERENT RESOURCES, INCLUDING DISASTER RELIEF, FINANCIAL PLANNING, PUBLIC BENEFITS APPLICATIONS, AS WELL AS, REFERRALS TO A NUMBER OF OTHER HUF PROGRAMS U4T ALSO CREATED A PARTNERSHIP WITH THE FAMILY NUTRITION PROGRAM FROM THE UNIVERSITY OF FLORIDA (UF) AND THE INSTITUTE OF FOOD AND AGRICULTURAL SCIENCES (IFAS) THAT ENCOURAGES ALL YOUTH TO MAKE HEALTHY FOOD CHOICES THE U4T MIDDLE SCHOOL PROGRAM WAS SUCCESSFUL IN CONTINUING TO ACHIEVE HIGH STUDENT IMPROVEMENT AND MEET CONTRACT REQUIREMENTS FOR THE 2017/18 PROGRAM YEAR -100% OF PARTICIPANTS DID NOT OBTAIN A NEW LAW VIOLATION -100% OF PARTICIPANTS DID NOT BECOME PREGNANT NOR CAUSE PREGNANCY -100% OF PARTICIPANTS DID NOT USE ALCOHOL AND/OR DRUGS -99% OF PARTICIPANTS WERE PROMOTED TO THE NEXT GRADE -100% OF PARTICIPANTS ATTENDED SCHOOL AND THE U4T PROGRAM REGULARLY -68% OF PARTICIPANTS DEMONSTRATED GAINS IN YOUTH DEVELOPMENT COMPETENCIES UNITY 4TEENS HIGH SCHOOLS - STUDENTS WERE INVOLVED IN A VARIETY OF ACADEMIC AND PERSONAL ENRICHMENT ACTIVITIES OFFERED AS PART OF THE AFTER SCHOOL PROGRAMS UNITY 4TEENS SERVED MORE THAN 700 STUDENTS AT MIRAMAR HIGH SCHOOL AND STRANAHAN HIGH SCHOOL COMBINED STUDENTS WERE EXPOSED TO SEVERAL COMPONENTS THAT TAUGHT THEM A VARIETY OF SKILLS TO ENHANCE THEIR KNOWLEDGE AND PREPARE THEM WITH TOOLS FOR LIFE BEYOND HIGH SCHOOL STUDENTS HAD AN OPTION TO LEARN FINANCIAL LITERACY SKILLS TO EVENTUALLY HELP THEM IN COLLEGE, A CAREER AND LIFE IN GENERAL JUNIORS AND SENIORS WHO REGISTERED AND ATTENDED THE COLLEGE AND CAREER READINESS (CCR) COMPONENT RECEIVED CONCENTRATED TRAINING AND SUPPORT WITH THEIR COLLEGE APPLICATIONS, BUILDING OF THEIR OWN PORTFOLIO, INTERVIEWING SKILLS AND RESUME WRITING STUDENTS WERE ALSO ASSISTED IN PREPARATION FOR TAKING THE AMERICAN COLLEGE TESTING (ACT) EXAM THE ACTIVITIES OFFERED DURING THIS TIME WERE DELIVERED VIA PROJECT-BASED LESSON PLANS DESIGNED BY EACH TEACHER THEY ARE DESIGNED TO ENGAGE AND EDUCATE STUDENTS AFTER THEIR REGULAR SCHOOL HOURS THE U4T HIGH SCHOOL PROGRAM WAS SUCCESSFUL IN CONTINUING TO ACHIEVE HIGH STUDENT IMPROVEMENT AND MEETING CONTRACT REQUIREMENTS FOR</p>

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FORM 990, PAGE 2, PART III, LINE 4A	<p>THE 2017/18 PROGRAM YEAR -82% OF PARTICIPANTS DECREASED EXTERNAL SUSPENSIONS -83% OF PARTICIPANTS DECREASED THEIR OF UNEXCUSED ABSENCES -84% OF PARTICIPANTS IMPROVED IN READING, MATH AND SCIENCE LASTLY, MIRAMAR HIGH SCHOOL HOSTED A 2018 NON-PARTISAN VOTER'S REGISTRATION INITIATIVE ON TUESDAY, JUNE 19, 2018 OTHER ACCOMPLISHMENTS -JIM MORAN'S 100TH BIRTHDAY GIFT - IN HONOR OF WHAT WOULD HAVE BEEN MR. MORAN'S 100TH BIRTHDAY, JAN MORAN, CHAIRMAN AND PRESIDENT OF THE JIM MORAN FOUNDATION, ANNOUNCED GIFTS TO FOURTEEN NOT-FOR-PROFITS HUF RECEIVED A 1 MILLION DOLLAR GRANT IN SUPPORT OF ITS MISSION TO "EMPOWER IMMIGRANTS AND OTHERS TO BECOME SELF-SUFFICIENT, PRODUCTIVE AND CIVICALLY ENGAGED " -HUF INVESTORS - SEVERAL FUNDERS MADE SIGNIFICANT INVESTMENTS IN HUF'S PROGRAMS THIS PAST YEAR -THE JIM MORAN FOUNDATION - IN ADDITION TO THE 1M DOLLAR GIFT, THE JIM MORAN FOUNDATION MADE A NEW, THREE-YEAR, 1.05M DOLLAR COMMITMENT IN HUF AND CWF AND OUR EXPANDING TWO-GENERATION 2GEN APPROACH -CITI COMMUNITY PROGRESS MAKERS - HUF WAS ONE OF 40 ORGANIZATIONS SELECTED NATIONALLY TO PARTICIPATE IN TWO-YEAR GRANT AND CAPACITY BUILDING GRANT THE SELECTION CAME WITH A 500,000 DOLLAR GRANT AND TWO YEAR S OF TECHNICAL SUPPORT AND EDUCATION FOR BOTH THE CEO AND SVP/STRATEGY & PROGRAMS -THE FR EDERICK A DELUCA FOUNDATION - A NEW FOUNDATION SUPPORTING TWO OF HUF'S 2-GENERATION (2GEN) PILOTS -CIRCLE OF FRIENDS - HUF HAD A FULL YEAR OF THIS INDIVIDUAL GIVING PROGRAM IN 2018 WE HELD A THANK YOU EVENT IN THE SPRING AND A SECOND FUNDRAISER IN NOVEMBER 2018 TO RE NEW MEMBERSHIPS AND ATTRACT NEW CIRCLE MEMBERS AS WELL -PEACE LOVE HUF - HUF LAUNCHED THIS CAMPAIGN WHICH AIMS TO GROW OUR GRASSROOTS AND CORPORATE FUNDING FOR THE CITIZENSHIP PROGRAM THE CAMPAIGN - WHICH WILL RUN THROUGH JUNE 2019 - FEATURES A 25K DOLLAR-FOR-DOLLAR MATCH, ONE-OF-A-KIND PEACE LOVE HUF HAT OR TEE DESIGNED BY NATIONALLY- ACCLAIMED, ALINA VIL LASANTE OF PEACE LOVE WORLD FAME, AND PEER-TO-PEER GIVING SITES FOR CURRENT BOARD MEMBERS -OTHER NEW OR EXPANDED FUNDERS IN 2018 INCLUDED THIRD FEDERAL SAVINGS & LOAN (NEW HOUSING GRANT), NAC (CITIZENSHIP INNOVATION GRANT), UNIVISION (CASH AND IN-KIND) AND BBX CAPITAL FOUNDATION, AMONG OTHERS GRANT WRITING - IN 2018 HUF SUBMITTED 67 GRANT PROPOSALS AND EARNED A SUCCESS RATE OF 72% THAT 72% REPRESENTS THE NUMBER OF GRANTS WE SUBMITTED VS THE NUMBER OF GRANTS WE RECEIVED ADDITIONALLY, HUF EARNED A 52% SUCCESS RATE WITH NEW FUNDERS (27/14) -MIAMI-DADE EXPANSION - AN INVITATION BY THE OFFICE OF NEW AMERICANS OF MIAMI-DADE COUNTY AND SEED FUNDING FROM CITI IN 2017 LED HUF TO CREATE PARTNERSHIPS AND LAUNCH NINE NEW CITIZENSHIP CENTERS IN MIAMI-DADE COUNTY BY THE END OF 2018, HUF ALSO HAD SECURED A NEW OFFICE LOCATION IN MIAMI- DADE WE NOW HOUSE TWO PARALEGALS AND SUPPORT MORE THAN A DOZEN VOLUNTEERS -BROWARD EXPANSION - BROWARD COUNTY PUBLIC SCHOOLS INVITED HUF TO TAKE A LEAD ROLE IN THEIR CREATION OF THE GULFSTREAM EARLY LEARNING CENTER IN HALLANDALE IN 2018 , HUF CREATED THE PLAN AND BEG</p>

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<p>FORM 990, PAGE 2, PART III, LINE 4B</p>	<p>ECONOMIC MOBILITY & ENTREPRENEURSHIP CLOSING THE FINANCIAL GAP AMONG OUR CLIENTS IS ONE OF OUR AGENCY'S MAJOR FOCUS AREAS AND IN 2018, WE SERVED 11,738 INDIVIDUALS TO INCREASE THEIR KNOWLEDGE ABOUT FINANCIAL MATTERS AS WELL AS, PROVIDE RESOURCES AND CREATE NEW HABITS - SUCH AS BUDGETING AND SAVINGS - WHICH WILL ULTIMATELY HELP THEM ACHIEVE GREATER SELF-SUFFICIENCY AND GROW ASSETS BELOW IS A BREAKDOWN OF THE SERVICES AND NUMBER OF CLIENTS ASSISTED CENTER FOR WORKING FAMILIES (CWF)- DURING 2018, THE CWF PROGRAM ASSISTED A TOTAL OF 4,177 PARTICIPANTS WORKFORCE DEVELOPMENT -70% OF PARTICIPANTS ACQUIRED EMPLOYMENT OR A BETTER JOB (GOAL 60%) -77% RETAINED THEIR EMPLOYMENT FOR A MINIMUM OF THREE MONTHS (GOAL 35%) - EXPANSION OF BRIDGE PROGRAM TO INCLUDE PATIENT CARE TECHNICIAN (PCT) CAREER PATHWAYS -55% OF THE STUDENTS WHO WERE GRADUATED FROM THE CUSTOMER SERVICE AND SALES TRAINING HAVE ACQUIRED A NATIONAL CERTIFICATION -2 STUDENTS RECEIVED THE PCT CREDENTIAL IN DECEMBER 2018 INCOME SUPPORT 4,462 CLIENTS RECEIVED -ACCESS TO FOOD - COMPRANDO RICO Y SANO SERVED 2,800 PARTICIPANTS 1,804 SNAP APPLICATIONS WERE COMPLETED, IMPACTING MORE THAN 3,600 INDIVIDUALS WE CONDUCTED GROCERY TOURS, COOKING DEMONSTRATIONS, "CHARLAS" ON HEALTHY EATING AND NUTRITION CLASSES -ACCESS TO HEALTH - TE AYUDO SERVED A TOTAL OF 1,662 FAMILY MEMBERS -339 FAMILIES WERE DETERMINED ELIGIBLE FOR FREE OR LOW-COST HEALTHCARE, WHICH TRANSLATES TO 867 FAMILY MEMBERS WITH ACCESS TO HEALTH INSURANCE -56% ENROLLED IN ACA PLANS -42% ENROLLED IN MEDICAID PLANS -1% ENROLLED IN KIDCARE PLAN -WITH AN AVERAGE OF 9,864 IN ANNUAL TAX CREDITS PER HOUSEHOLD, THE 339 INDIVIDUALS WHO SIGNED UP FOR ACA RECEIVED MORE THAN 1.8 MILLION DOLLARS IN HEALTH CARE PREMIUM SAVINGS PER YEAR -272 FAMILIES OR 84% ESTABLISHED A PRIMARY CARE DOCTOR OF THEIR CHOICE AFTER RECEIVING CASE MANAGEMENT SERVICES FROM HUF HEALTH NAVIGATORS VOLUNTEER INCOME TAX ASSISTANCE (VITA) - DURING THE 2018 TAX SEASON, MORE THAN 80 VOLUNTEERS AND 35 VITA STAFF COMPLETED 6,011 TAX RETURNS RESULTING IN 6.3 MILLION IN TAX REFUNDS, AS WELL AS 1.5 MILLION IN SAVINGS IN TAX PREPARATION FEES, A BIG TOTAL OF 7.8 MILLION IN ECONOMIC IMPACT IN BROWARD COUNTY THE BROWARD VITA COALITION'S COMBINED E-FILE ACCEPTANCE RATE CONTINUED AT 98%, WHICH EXCEEDED THE GOAL BY 8% (GOAL 90%) FOR ALL TAX RETURNS TRANSMITTED TO THE IRS -HUF AND COMMUNITY ACCESS CENTER (CAC) (SERVING THE HAITIAN COMMUNITY) CONTINUED A VERY SUCCESSFUL PARTNERSHIP AS THE TWO VITA PROVIDERS WITH THE BROWARD VITA COALITION (BVC) DELIVERING TAX SERVICES - THROUGH A PARTNERSHIP NETWORK OF 40+ PARTNERS - AT 16 VITA SITE LOCATIONS ACROSS BROWARD COUNTY AS WELL AS 25+ MOBILE SITES -VITA VOLUNTEERS CONTRIBUTED A TOTAL OF 3,237 HOURS DURING THE TAX SEASON -THE VITA PROGRAM SUCCESSFULLY CONTINUED SERVING THE PROGRAM'S SECONDARY FOCUS, SPECIFICALLY, PROVIDING SERVICES TO LIMITED ENGLISH SPEAKERS WE ACCOMPLISHED THIS GOAL THROUGH OUR EXPERIENCED, MULTICULTURAL STAFF AND VOLUNTEER FORCE IN</p>

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FORM 990, PAGE 2, PART III, LINE 4B	<p>5 LANGUAGES (ENGLISH, SPANISH, CREOLE, PORTUGUESE AND AMERICAN SIGN LANGUAGE) 49 ELECTED OFFICIALS FROM 14 CITIES PLUS BROWARD COUNTY BECAME VITA CHAMPIONS THEY PROMOTED THE VITA PROGRAM TO RESIDENTS IN THEIR RESPECTIVE COMMUNITIES (PUBLIC POLICY & ADVOCACY) -THE AVE RAGE ADJUSTED GROSS INCOME (AGI) ACROSS THE PROGRAM WAS 20,829 THE PROGRAM SUCCESSFULLY S ERVED ITS TARGET OF LOW INCOME FAMILIES -ACCORDING TO THE TAXSLAYER REPORT (6/4/2018) AND IRS SITE DATABASE, THIS YEAR, THE BVC IS THE LARGEST VITA PROVIDER IN BROWARD COUNTY THE TOTAL TAX REFUND AMOUNT FOR BROWARD COUNTY IN 2018 WAS 8,861,701 (OUR 40 PARTNER COALITIO N GENERATED 6 3M OR 70% OF TOTAL COUNTY IMPACT) -BVC SITES 6,206,276(16 SITES - 70% OF TO TAL REFUND AMOUNT) -IRS SITES 1,094,019(9 SITES - 12% OF TOTAL REFUND AMOUNT) -AARP SITES 1,561,406(11 SITES - 18% OF TOTAL REFUND AMOUNT) DISASTER CASE MANAGEMENT (DCM) - DCM IS A PROGRAM THAT INVOLVES A DISASTER CASE MANAGER AND A DISASTER SURVIVOR TO DEVELOP AND CARR Y OUT A DISASTER RECOVERY PLAN THEY ASSESS A CLIENT'S VERIFIED DISASTER-CAUSED UNMET NEED AND DEVELOP A GOAL-ORIENTED PLAN THAT OUTLINES STEPS TO RECOVERY THE PROGRAM SERVED 135 PARTICIPANTS FROM THE LAUNCH OF THE PROGRAM IN JUNE 2018 THROUGH APRIL 18TH, 2019 THE FOL LOWING IMPACT HAS BEEN MADE -26 HOUSEHOLDS HAVE BEEN APPROVED FOR THE BASIC NEEDS ASSISTA NCE OF 2,000 FOR A TOTAL OF 52,000 -50 HOUSEHOLDS HAVE BEEN APPROVED FOR THE COMPLEX NEEDS ASSISTANCE OF 4,500 FOR A TOTAL OF 225,000 -GRAND TOTAL ECONOMIC/FINANCIAL IMPACT OF 277, 000 BACK TO ELIGIBLE INDIVIDUALS AND HOUSEHOLDS IN BROWARD COUNTY FINANCIAL CAPABILITY AND WEALTH BUILDING - 802 PARTICIPANTS RECEIVED SERVICES -CWF - A TOTAL OF 288 PARTICIPANTS ATTENDED THE FINANCIAL LITERACY WORKSHOPS WHERE THEY LEARNED SKILLS TO ACHIEVE FINANCIAL G OALS AND IMPROVE THEIR FINANCIAL LIVES 244 PARTICIPANTS ATTENDED A FINANCIAL COACHING APP OINTMENT WHERE THEY DEVELOPED FINANCIAL PLANS, PULLED CREDIT REPORTS, AND LEARNED HOW TO M AKE THE RIGHT CHOICE WHEN CHOOSING BANKING PRODUCTS, ACCEPTING A CREDIT CARD OFFER AND/OR BUYING ASSETS -CITIZENSHIP AND LOAN PRODUCTS PROGRAM - DURING THE INTEGRATION OF THE CITI ZENSHIP AND THE FINANCIAL CAPABILITY PROGRAMS IN MIAMI, FINCAP PROVIDED FINANCIAL LITERACY CLASSES TO 320 PARTICIPANTS OUT OF THAT NUMBER, 166 CLIENTS MADE APPOINTMENTS WITH THE F INANCIAL COACH TO DEVELOP FINANCIAL ACTION PLANS, PULL CREDIT REPORTS, AND TO LEARN HOW TO MAKE THE RIGHT CHOICE WHEN CHOOSING LOAN PRODUCTS TO PAY FOR THEIR CITIZENSHIP APPLICATIO N -THE NEIGHBORWORKS PROJECT REINVESTMENT - FINCAP (UNIDOSUS) - THE HOUSING TEAM PROVIDED FINANCIAL COUNSELING/COACHING TO 71 CLIENTS IN A ONE-ON-ONE SETTING -PATHWAYS TO HOMEOWN ERSHIP - DURING 2018, 123 CLIENTS ATTENDED THE 8-HOUR FIRST TIME HOMEBUYERS SEMINAR HOUSI NG COUNSELORS ASSISTED A TOTAL OF 29 CLIENTS TO CREATE ACTION PLANS TO BECOME LOAN READY 1 PARTICIPANT IN THE PROGRAM WAS ABLE TO PURCHASE A HOUSE EMERGING ENTREPRENEURS (EE) PRO GRAM - LAST YEAR, THE EE PROGR</p>

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FORM 990, PAGE 2, PART III, LINE 4B	AM PROVIDED 37 WORKSHOPS TO OVER 713 ENTREPRENEURS AND SMALL BUSINESS OWNERS IN TWO COUNTIES BROWARD (HUF AND SOUTH REGIONAL LIBRARY) AND MIAMI DADE (ANA G MENDEZ UNIVERSITY SYSTEM) -BROWARD COUNTY THE PROGRAM PROVIDED 29 WORKSHOPS TO 465 ASPIRING & EXISTING SMALL BUSINESS OWNERS -MIAMI DADE THE PROGRAM PROVIDED 8 WORKSHOPS TO 248 ASPIRING & EXISTING SMALL BUSINESS OWNERS

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FORM 990, PAGE 2, PART III, LINE 4C	<p>CITIZENSHIP, CIVIC ENGAGEMENT & EQUAL TREATMENT/OPPORTUNITY SOUTH FLORIDA IS HOME TO THE 3RD LARGEST NUMBER OF LEGAL PERMANENT RESIDENTS (GREEN CARD HOLDERS) IN THE NATION WHO ARE READY TO BECOME U S CITIZENS IN 2018, HUF SERVED 8,839 CLIENTS IN THEIR GOAL OF REALIZING THIS DREAM CITIZENSHIP AND IMMIGRATION -BROWARD COUNTY - A NEW CLASS WAS STARTED AT THE WESTON LIBRARY IN JANUARY 2018 THIS CLASS HAS BEEN A SUCCESS WITH AN AVERAGE CLASS ATTENDANCE OF 16 STUDENTS PER CLASS -CLASSES WERE CONDUCTED AT 13 SITES (WITH SUPPORT FROM 17 VOLUNTEERS) 4,150 LPR'S WERE SERVED AND 800 LPR'S RECEIVED ASSISTANCE WITH THE NATURALIZATION APPLICATION FORM (N-400) -122 LPR'S RECEIVED ASSISTANCE WITH THE FEE WAIVER (FULL I-912 AND REDUCE I-942), WHICH SAVED THEM 81,160 IN APPLICATION FEES -IN ADDITION, 150 INDIVIDUALS RECEIVED OTHER IMMIGRATION SERVICES -MIAMI-DADE COUNTY - IN 2018, HUF CONDUCTED CLASSES AT 8 SITES (WITH SUPPORT FROM 12 VOLUNTEERS), SERVED 3,642 LPR'S AND 97 LPR'S RECEIVED ASSISTANCE WITH THE NATURALIZATION APPLICATION FORM (N-400) VOTER REGISTRATION - HUF HELPED 100 CITIZENS TO REGISTER TO VOTE IN 2018 LEGAL SERVICES - IN A PARTNERSHIP WITH HUF, LEGAL AID SERVICE OF BROWARD COUNTY HAS BEEN PROVIDING FREE CIVIL LEGAL SERVICES TO LOW INCOME RESIDENTS OF BROWARD COUNTY IN THE AGENCY'S MAIN OFFICE EVERY WEEK, A REPRESENTATIVE LOCATED AT HISPANIC UNITY'S HOLLYWOOD OFFICE PROVIDES ASSISTANCE IN THE AREAS OF HOUSING (TENANT ISSUES, EVICTIONS), DIVORCE WITH DOMESTIC VIOLENCE, DENIAL OF UNEMPLOYMENT BENEFITS, DENIAL OF DISABILITY BENEFITS, AND DENIAL OF SOCIAL SECURITY BENEFITS 69 CLIENTS RECEIVED LEGAL SERVICES IN 2018 IMMIGRATION CLINICS - IN PARTNERSHIP WITH AMERICANS FOR IMMIGRANT JUSTICE, CATHOLIC CHARITIES LEGAL SERVICE AND LEGAL AID SERVICE OF BROWARD, HUF HOSTED FOUR IMMIGRATION CLINICS IN BROWARD COUNTY IN 2018 HUF IS THE PRIMARY MARKETER OF THE EVENT AND ALSO PROVIDES SUSTENANCE TO THE VOLUNTEERS JOINING THE VOLUNTEER RANKS IN 2018 WERE HUF BOARD MEMBERS, CAROLINA CARDOZO AND EMMA PFISTER IN TOTAL, MORE THAN 145 CLIENTS RECEIVED FREE LEGAL SERVICES AND THOSE WITH POSSIBLE IMMIGRATION RELIEF WERE ASSIGNED A PRO BONO ATTORNEY TO ASSIST THEM WITH THEIR CASE CLINICS TOOK PLACE AT NOVA SOUTHEASTERN UNIVERSITY'S SHEPARD BROAD COLLEGE OF LAW (FEBRUARY 2018), HUF (JUNE AND NOVEMBER 2018), AND ETHEL M GORDON OAKLAND PARK LIBRARY (APRIL 2018) (PUBLIC POLICY & ADVOCACY)</p>

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FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD IS PROVIDED A COPY OF THE IRS FORM 990 AFTER REVIEW AND APPROVAL BY THE FINANCE COMMITTEE BUT PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE THE CFO AND THE FINANCE COMMITTEE REVIEW THE 990 IN DETAIL AND ALLOW ADEQUATE TIME FOR BOARD REVIEW, INPUT AND APPROVAL

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FORM 990, PAGE 6, PART VI, LINE 12C	DIRECTORS SERVE VOLUNTARILY AND IN THE BEST INTEREST OF HISPANIC UNITY OF FLORIDA, INC ACTIONS THAT ARE SELF-SERVING, WHETHER OF A PERSONAL OR FINANCIAL NATURE, WOULD BE CAUSE FOR IMMEDIATE REMOVAL FROM THE BOARD ON AN ANNUAL BASIS EACH BOARD MEMBER AND EACH KEY EMPLOYEE READS AND SIGNS A FORM AGREEING TO ABIDE BY THE BOARD-APPROVED CONFLICT OF INTEREST POLICY ALL BOARD MEMBERS ALSO SIGN AN ATTESTATION TO A ROBUST CODE OF ETHICS

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FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, AND OTHER OFFICERS AND KEY EMPLOYEES (I E , CHIEF FINANCIAL OFFICER, CHIEF DEVELOPMENT OFFICER, AND DIRECTOR OF PROGRAMS) INCLUDES A TWO-PART ANALYSIS CONDUCTED FIRST BY THE FINANCE COMMITTEE FOR RECOMMENDATION AND APPROVAL TO THE BOARD OF DIRECTORS FIRST, THE JOB DESCRIPTION IS ANALYZED FOR THE PURPOSES OF SELECTING LOCAL LIKE-KIND ORGANIZATIONS TO USE THE COMPENSATION OF THOSE COMPARABLE POSITIONS THE MOST RELEVANT FACTORS IN SELECTING COMPARABLES INCLUDE THE TYPE OF SERVICES AND PROGRAMS OFFERED, THE ANNUAL BUDGET AND GEOGRAPHICAL LOCATION SECOND, THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA OF THE COMPARABLE LIKE-KIND ORGANIZATIONS THESE TWO STEPS ENSURE THAT THE COMPENSATION IS WITHIN MARKET

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FORM 990, PAGE 6, PART VI, LINE 15B	AS STATED FOR LINE 15A ABOVE

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FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S 990 AND, IF APPLICABLE, THE 990-T IS AVAILABLE TO THE PUBLIC ANYTIME 1) ON THE ORGANIZATION'S WEBSITE, WWW HISPANICUNITY ORG, 2) ON GUIDESTAR'S WEBSITE, WWW GUIDESTAR ORG, OR 3) UPON WRITTEN OR VERBAL REQUEST, WHICH IS COMPLIED WITH BY PROVIDING A COPY BY U S MAIL OR EMAIL TO THE REQUESTOR